

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1600

Office of Registrar of Vital Statistics.

Ward 8¹¹/₇

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21 87,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pauline Lewis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, 9 Months, — Days.

Color, White ~~Colored~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 7 Bonrus Court.

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough
Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22nd 1887

Undertaker, Dr. H. Denger

Place of Business, 150 East St Address, 715 Green St Ap

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1601 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Leeson Dixon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 23 Years, 23 Months, 12 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } 314 W. Ann St

Cause of Death, { First (Primary), Second (Immediate), } Pertussis
Heat Prostration, Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22 1887

Undertaker, H. Madden W. Z. Leathen M. D.

Place of Business, 16 East St Address, 4 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1602 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 21-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hook

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 70 Years, about Months, Days

Color,

~~Married~~, ~~Single~~, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Odd-jobs

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 yrs (or more)

Place of Death, { Give Street and Number. } 1853 Ramsay St

Cause of Death, { First (Primary), Second (Immediate), } Enlarged prostate gland
Cystitis &c

Duration of Last Sickness, in bed - 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 23

Undertaker, J.B. Cook C. C. McDowell M. D.

Medical Attendant.

Place of Business, 1003 W. Baltimore Address, 1521 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

No. 7008

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1603 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, July 21/87

Full Name of Deceased, Lucinda Cook { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 64 Years; white Months, ✓ Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, Italy { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, Burns & Reveale Bldg. { Give Street and Number. }

Cause of Death, Dysentery { First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial, July 23

{ Undertaker, J B Cook Medical Attendant, W D Blake M. D.

{ Place of Business, 1003 W 3rd St Address, Rev 2 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. *A 1104*

Office of Registrar of Vital Statistics.

Ward *12*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 21st 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Nathan Sprigg*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Twenty (20)* Years,

Months,

Days.

Color, *Negro*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, *Farmer*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Card county co Md*

Duration of Residence in the City of Baltimore, *Two years*

Place of Death, { Give Street and Number. } *McGee Hospital 25 & 27 Linden Avenue*

Cause of Death, { First (Primary), *Typhoid fever & Pneumonia*
Second (Immediate), *Heart Failure*

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Restonville Md*

Date of Burial, *July 22nd 1887*

Undertaker, *A. H. Bishop*

E. H. Wallace M. D.
Medical Attendant.

Place of Business, *97 Druid Hill Avenue* Address, *25 & 27 Linden Avenue*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1605 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person, superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1887
Full Name of Deceased, Mary Martin { Write legibly and spell correctly. If an infant not named, give names of parents. }
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 32 Years, 0 Months, 0 Days.
Color, Black
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birth Place, Baltimore City { State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, 1203 Clarkson's Alley { Give Street and Number. }
Cause of Death, Cholera Infantum { First (Primary), Second (Immediate), }
Duration of Last Sickness, Since July 1st

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ceme
Date of Burial, July 23rd 87
{ Undertaker, Sorrell & Hanley }
{ Place of Business, 416 Cross St Address, Southern Dispensary }
Julius Hall M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. A 1606 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Hyde (Hyde)

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 1/2 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Unknown

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Wm. & Child's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Mal. Nutrition

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 22

{ Undertaker, C. F. Bizzari Medical Attendant, C. F. Bryan M. D.

{ Place of Business, 1139 Per Ave Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1607 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1887

Full Name of Deceased, Eva Griffin {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Female or Male, {Cross out the word not required in this line.}

Age, Six Years, Seven Months, Twenty-two Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, _____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1716 Riggs Avenue

Cause of Death, {First (Primary), Dysentery Second (Immediate), Exhaustion}

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 22/87

{Undertaker, Denny & Mitchers {Address, 1130 N. Gilman St

{Place of Business, 1201 N. Fayette Address, 1130 N. Gilman St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1608 Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in his illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 22. 1897 (Hodes)

Full Name of Deceased, Mrs. Elizabeth Hodes {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 Years, _____ Months, _____ Days.

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, house

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 22 Lombard St. Ave

Cause of Death, {First (Primary), acute indigestion
Second (Immediate), spasms, chronic
neuritis}

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, 24 July

Undertaker, W. L. Lippel

Place of Business, 151 S. Bond

C. L. E. E. E. E. M. D.

Medical Attendant.

Address, 2000 E. Pratt St.

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[OVER.]

No. 1009

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1609 Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} *Frederic V. Thomas*Sex, *Male* or Female, {Cross out the word not required in this line.}

Age, 1 Years, 4 Months, Days

Color, *coloured*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, *Barber*Birth Place, {State or country, and how long in the United States, if of foreign birth.} *Balto*Duration of Residence in the City of Baltimore, *317 St Paul*Place of Death, {Give Street and Number.} *Destitution*Cause of Death, {First (Primary), Second (Immediate),} *Cholera Infusoria*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*Date of Burial, *July 23rd 87*{Undertaker, *Geo. Pinehart* } *Thos. J. Ward* M. D.

Medical Attendant

{Place of Business, *Health Office* } Address, *605 St Paul*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]